

**PUBLIC OFFICERS' WELFARE COUNCIL**  
**CIVIL SERVICE SCRABBLE COMPETITION 2015**

**Participation Form**

**Date:** .....

**Ministry/Department:** .....

.....

**Address:**.....

.....

**Participant 1**

**Name:**

(Mr./Mrs./Miss).....

**Designation:** .....

**Tel No.:** ..... **Mobile No.:** ..... **Fax No:** .....

**Email Address:** .....

**Signature:** .....

**Participant 2**

**Name:**

(Mr./Mrs./Miss).....

**Designation:** .....

**Tel No.:** ..... **Mobile No.:** ..... **Fax No:** .....

**Email Address:** .....

**Signature:** .....